



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

MEDICATION ADMINISTRATION & SAFE HANDLING, PRINCIPLES OF

Effective Date: June 1, 2017

Policy #: NS-02

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- I. PURPOSE:** To ensure the safe, appropriate, and accurate administration and handling of medications.
- II. POLICY:** Medications are administered to patients by qualified personnel in compliance with federal and state laws and standards of professional practice. Qualified personnel are defined as Licensed Independent Practitioner (LIP), registered nurses, and licensed practical nurses. Medications are stored, handled and accounted for in a safe manner complying with federal/state laws and standards of professional practice.
- III. DEFINITIONS:**
- A. MAR: Medication Administration Record.
 - B. CSAR: Controlled Substance Administration Record.
 - C. Licensed Independent Practitioner (LIP): Physician, advanced practice nurse, or physician assistant with prescriptive authority.
 - D. Controlled Substance: Drugs and other substances that are considered controlled substances under the Controlled Substances Act (CSA). Controlled substances are divided into five schedules. Substances are placed in their respective schedules based on whether they have a currently accepted medical use in treatment in the United States, their relative abuse potential, and likelihood of causing dependence when abused.
 - E. Pre-Placement Visit (PPV): A type of release from MSH designed to assess a patient's readiness for release, which may lead to a discharge or conditional release. If the patient violates the conditions of the PPV, the patient may be returned to the hospital without any court hearings or involuntary civil commitment proceedings.
 - F. Temporary Court Custody (TCC): Temporary leave from MSH for a court-ordered proceeding, which is not a discharge or conditional release. However, the court may order a conditional release or discharge at such a proceeding.
- IV. RESPONSIBILITIES:**
- A. LIPs prescribe all medications.

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B. Licensed Nurses will:

1. Accept verbal and telephone orders from Montana State Hospital (MSH) credentialed LIPs.
2. Fax all medication orders to the Pharmacy.
3. Transcribe all orders to MAR.
4. Prepare, administer, and document medication administration.
5. Ensure safe handling, storage, and security of medications.
6. Provide medication education to patients and document such education.
7. Report medication errors and adverse drug reactions.

V. PROCEDURE:

A. GENERAL KNOWLEDGE

1. All medications require an order which is written on the physician's order form and must contain the name of the medication, dose, time to be administered, route, reason/indication the medication is prescribed, and the specific time the first dose is to be administered. The order must be dated, timed and signed by the LIP.
 - a. Orders will only be accepted or written by LIPs, registered nurses, licensed practical nurses and pharmacists.
 - b. Registered nurses, licensed practical nurses and pharmacists may accept verbal or telephone orders from a LIP credentialed at Montana State Hospital (MSH). The licensed nurse or pharmacist will:
 - i. Repeat the complete order back to the LIP for verification.
 - ii. Communicate numbers by pronouncing each numerical digit separately (e.g. "one five" instead of "fifteen") to avoid making an interpretation error.
 - iii. Verify that drug names are spelled correctly.
 - iv. Confirm the indication with the LIP to verify that the medication is consistent with the patient's plan of care, allergies and other prescribed medications.
 - v. Immediately record the order directly onto an order form in the patient's medical record.
 - vi. Date, time and sign the order as follows:

P.O. Dr. White/M. Black, L.P.N.
V.O. Dr. White/J. Smith, R.N.
 - c. Routine Medication Orders are available and when initiated must be entered onto a physician's order form by the licensed nurse. The order is dated, timed, and signed as follows:

C.O. Dr. White/J. Smith, L.P.N.

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- d. All orders are valid for the specified number of days/doses. Orders that do not specify the number of days/doses are valid for 30 days or until medication renewal orders are signed.
2. When orders are incomplete or unclear a nurse or a pharmacist will contact the LIP who gave the order. If they do not respond or cannot be contacted in a timely manner, clarification should be sought as follows:
 - a. The medical director (during working hours).
 - b. The on-call LIP.
3. All new orders are faxed to the pharmacy and are verified every 24 hours by night shift licensed nurses to ensure accurate transcription to medication administration records (MAR).
4. Medications are obtained from:
 - a. The Pharmacy during normal working hours.
 - b. Pharmacy Night Locker located on C Wing: When the pharmacy is closed, the Night Locker is accessible by the Nurse Supervisor.
 - c. On-call Pharmacist: In situations when medications are required and are not available by aforementioned methods, the Nurse Supervisor or LIP may authorize initiating a Pharmacist call-out.
5. When a medication is written outside of the times when the pharmacy is available to dispense the medication, the nurse will:
 - a. Obtain the medication from the night locker.
 - b. When the medication is not available in the night locker, the nurse will:
 - i. Contact the LIP to receive direction regarding the prescribed medication
 - ii. The LIP may choose to change and/or clarify the order or request that the on-call pharmacist be contacted to dispense the medication.
6. Medications are administered according to the following schedule, unless specified differently in the order:

Daily (q day) 0830	q 4h 0400, 0800, 1200, 1600, 2000, 2400
BID 0830 & 2000	q 6h 0600, 1200, 1800, 2400
TID 0830, 1400, 2000	hs 2200
QID 0830, 1200, 1600, 2000	pc ½ hour after meals
ac ½ hour before meals	

Long acting antipsychotics may be administered at any time during the date (24 hour period) specified on MAR.

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7. Incompatible medications are not mixed. Incompatible medications are determined by the pharmacy.
8. Every patient is questioned about drug allergies and specific symptoms during the admission process. Allergies are noted on the MAR, physician's order form, and on the medical record cover.
9. Licensed nurses are responsible for knowing basic information about the medications they administer; i.e. reason medication is prescribed, actions/expected effect and side effects. Medication reference books and MSH Medication Manuals are available in every Medication Room.
10. Emergency Medications and supplies are available in the emergency cart on B-wing and Spratt. Reference MSH policy #PH-11, Medical Emergency – Initiating a “Code Blue”.
11. Medication Education is an important aspect of a licensed nurse's responsibilities and is provided to patients and family/significant others via formal and informal training methods. All medication education is documented in the patient's medical record.

B. PREPARATION, ADMINISTRATION, & DOCUMENTATION

1. PREPARATION: All medications are stored in the designated medication room. Prepare medications in medication room. Limit interruptions.
 - a. Check for allergies.
 - b. Wash hands prior to preparing medications.
 - c. Prepare medications in a clean, uncluttered, well-lit area.
 - d. Check labels for accuracy and expiration dates.
 - e. Read label and compare with MAR during preparation. If discrepancies exist, again verify with physician's order.
 - f. Medications are prepared not more than one hour prior to the administration time.
 - g. Implement the “Six Rights” of medication administration.
Assess for:
 - i. Right patient
 - ii. Right medication
 - iii. Right dose
 - iv. Right route
 - v. Right time and frequency
 - vi. Right indication
 - h. Assess and document vital signs and blood sugar values as ordered or indicated prior to the administration of medication.
 - i. Blood pressure and pulse will be monitored for patients receiving antipsychotic, psychostimulant, and antidepressant medications.

- a) When one of these medications is ordered obtain the blood pressure and pulse prior to each dose of medication for three days, then once every week. Record BP and pulse on the MAR.
 - b) If the blood pressure is below 90/60 or if there is a significant change in the pulse, notify the LIP before administering the medication.
- ii. Blood pressure will be obtained and recorded on the MAR prior to each dose of antihypertensive medication for three days, then every AM for one week and weekly thereafter, unless otherwise ordered by the LIP. Notify the LIP before administering the medication in the event that the BP is below 100/60.
- iii. When preparing the following injectable medications, the prepared dose must be double checked by one other staff prior to administration:
 - a) Insulin
 - b) Long acting antipsychotics
 - c) Anticoagulants
- iv. All medications for intravenous administration will be pre-mixed by the pharmacy. In emergent situations a LIP may mix medications for intravenous administration.

2. ADMINISTRATION

- a. Medications are only administered by the licensed nurse who has prepared them. Medications may be self-administered by the patient under licensed nurse or non-licensed personnel supervision only when specifically ordered by a LIP.
- b. Medications are administered within one hour (either before or after) the prescribed time. When meds are not administered within one hour of prescribed time, the LIP will be notified to seek clarification/alternative order for medication administration.
- c. Accurately identify the patient using picture identification and, when necessary, staff who have accurate knowledge of the patient's identity.
- d. Provide for privacy when indicated.
- e. Wear personal protective equipment when there is potential exposure to blood and body fluids.
- f. Observe the patient to ensure that the patient swallows the medication following oral administration.
- g. Document administration of medication on MAR.

- h. Patients have the right to refuse medications. Medications can only be administered involuntarily when there is legal documentation authorizing the use of involuntary medications.
- i. In the event that a patient is uncooperative, staff assistance may be necessary to ensure patient and staff safety during medication administration.
- j. In the event that oral medications require crushing or mixing with food to aid in administration, reference “Oral dosage forms that should not be crushed” in Unit Medication rooms.
- k. Follow hospital nursing procedure, “Medication Administration by Specific Route”.

3. DOCUMENTATION

- a. Document on the MAR immediately after the administration of each patient’s medication.
- b. Document on the MAR refusals, PRN’s and response, STAT medications, medications administered at times other than prescribed, Home Visits, etc.
- c. Document any pertinent change in a patient’s mental or physical status as it relates to medication administration in the patient’s medical record. An RN will document the patient’s response to medications no less than weekly for 60 days following admission and monthly thereafter in the nursing summary.

C. SAFE HANDLING & SECURITY OF MEDICATION

1. STERILE, MULTIPLE DOSE VIALS

- a. All sterile multiple dose vials assigned to a specific patient will be dated upon opening and will be kept no longer than 28 days prior to returning to the pharmacy for disposal.
- b. All sterile multiple dose medication vials intended for use by more than one patient are dated upon opening and will be kept no longer than 28 days prior to returning to the pharmacy.

2. CONTROLLED SUBSTANCES

- a. Controlled substances are locked in a secure environment as defined by State and Federal authorities.
 - i. Schedule II-V controlled substances are double-locked when the med room is vacant and will be locked at all times unless the controlled substance is being dispensed by the nurse in the med room.
 - ii. Controlled substances, including those requiring refrigeration, are stored in a locked drawer or cabinet that is securely affixed to the building structure or refrigerator.

- b. All pharmaceuticals dispensed using a Controlled Substance Administration Record (CSAR) are kept in a locked area of the medication cart/room and are counted at each shift change by the on-coming licensed nurse and the off-going licensed nurse (together) to ensure that actual physical inventory corresponds with the number of doses on the CSAR. The on-coming licensed nurse counts and inspects the drugs while the off-going licensed nurse reviews the sign-out log and identifies the quantity of drug that should be available.
- c. When count is correct both licensed nurses date and sign the Controlled Substances Check List.
- d. Any discrepancies will be noted and reported immediately to the Nursing Supervisor and also reported to the pharmacy as soon as possible. A medication error report is completed. The medication and CSAR are returned to the pharmacy for the purpose of reconciliation. The nurse supervisor will review the situation to determine the cause of the discrepancy and take appropriate action.
- e. The Controlled Substances Checklist is maintained in the Medication Room for no less than six (6) months and then by the nurse manager for two (2) years.

3. TRANSPORTATION OF MEDICATIONS

- a. Non-controlled substances are typically transported to and from the pharmacy and between treatment programs by a licensed nurse or pharmacy personnel, however if necessary, transportation may be assigned to another appropriate staff member. The non-licensed staff member will deliver the medication directly to the licensed nurse/pharmacy personnel.
- b. Only a licensed nurse or pharmacy personnel may receive and transport controlled substances. Once the controlled substance has been removed from the locked med cart drawer for transport, it must be taken to the pharmacy immediately. The licensed nurse must document receipt and/or return of such medications by signing, dating and verifying the number of doses on the Controlled Substance Record.

4. MEDICATIONS FOR HOME VISITS, OFF-CAMPUS TRIPS AND DISCHARGE

- a. All medications provided to patients for home visits, off-campus trips or discharge are packaged, labeled and dispensed only by the pharmacy.
- b. The medication orders are faxed, or otherwise delivered, to the pharmacy at least 24 hours in advance of leave.
- c. Upon receipt from the pharmacy, the licensed nurse checks the dispensed medications with the physician's order and MAR.
- d. The licensed nurse gives these medications to the patient or responsible person upon leaving the unit. The licensed nurse provides medication information/instructions to the patient and/or responsible person and

documents the type and amount of medications provided along with specific instructions and assessed level of understanding in the patient's medical record. The licensed nurse reviews, with the patient, the medication information on the Discharge Instruction form prior to discharge.

- e. When a patient is unable to self-administer medications during an off-campus trip, a licensed nurse must be available to administer the medications.
- f. When a patient is to go off campus for a short period of time during which there are scheduled medications and medications have not been dispensed for off campus use, notify the LIP to clarify when and/or if medications should be administered.

5. PATIENT'S PERSONAL MEDICATION

- a. At the time of admission or return from PPV or TCC all medication will be placed in the medication bags available in the personal effect room. The medication will be inventoried by the licensed nurse and the patient. Directly following inventory the licensed nurse and the patient will sign off on the *Patient's Personal Medication Inventory Sheet*. If the patient is unwilling or unable to sign the *Patient's Personal Medication Inventory Sheet*, the sheet will be signed off by two licensed nurses. If the patient does not have any medication, the licensed nurse and the patient will document *no medications* and sign off on the *Patient's Personal Medication Inventory Sheet*.
- b. Controlled substances will be placed in a separate medication bag.
- c. A copy of the *Patient's Personal Medication Inventory Sheet* will be placed in the patient's chart, a copy in each medication bag, and a copy will be sent to the pharmacy.
- d. If the patient is admitted on an Emergency Detention, a pink emergency detention sticker (available in the personal effect room) will be placed on the bag. If the patient is committed, a pink sticker is not required.
- e. Once medications are inventoried they will be transported to the pharmacy immediately. After hours the medications will be placed in the safe in the night locker by the licensed nurse and the nursing house supervisor. If medications are placed in the safe the nursing house supervisor will notify the director of nursing, associate director of nursing or designee, or the pharmacy director.
- f. Prior to discharge the LIP will review the list of medications brought to the hospital by the patient and indicate which, if any, of these medications may be sent home with the patient. The LIP returns the *Patient's Personal Medication Inventory Sheet* to the pharmacy following review and signature. No expired medications will be provided to the patient.
- g. Patient's personal medications which are not sent home at the time of discharge will be destroyed by two licensed pharmacy personnel.
- h. After one year of continuous hospitalization all medications brought in by the patient at time of admission and stored at the pharmacy will be destroyed by two licensed pharmacy personnel.

- i. Patient's personal medication can only be used in extreme cases when the medication is not available from the pharmacy or the night locker.
 - i. The admitting LIP must issue an order for the medication on a physician's order form stating that the patient's own medication can be used until available from the pharmacy.
 - ii. If the admitting RN/LPN cannot identify the medication, he/she should contact the pharmacist on-call for consultation.
 - iii. If the RN/LPN and on-call pharmacist agree the medication is that which is prescribed, the medication can be released to the individual's unit medication cart for administration.
 - iv. The medication will immediately be sent to the pharmacy when the pharmacy re-opens.

6. DISPOSAL OF MEDICATIONS

- a. Non-controlled substances which are dropped or contaminated (i.e. concentrates which are poured and refused, injections prepared for administration) will be crushed and disposed of in the Sharps container in the Medication Room. **Notify pharmacy of the type and amount of medication disposed of via computer for replacement dose.**
 - b. The Nurse Supervisor must be notified prior to destroying controlled medications (Schedule I and II).
 - c. Controlled medications (Schedule III and IV and V), which are dropped or contaminated, must be returned to the pharmacy or destroyed as above in the presence of **two licensed nurses**.
 - d. Controlled medications (Schedule I and II) that are dropped, contaminated, or scheduled II patches that are removed from the patient must be returned to the pharmacy or destroyed as above in presence of a **nurse supervisor** and another **licensed nurse**.
 - e. When controlled medications are destroyed on the unit, complete the record of waste or disposal section of the disposition record. Both witnesses must sign the record.
7. All medication errors require the completion of a Medication Error Report and proper notification in accordance with established hospital guidelines.
 8. Adverse drug reactions are reported and documented according to hospital policy.
 9. Medication rooms, medication carts and night lockers are locked at all times when not attended by a licensed nurse.
 10. Medication room and medication cart keys are available for use only by licensed nurses.

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11. Needles, lancets and other sharps are handled and disposed of in accordance with established MSH policy #IC-04, "Handling Needles and Sharps."
12. Medications and pharmaceuticals are stored in the appropriately labeled container in which they were received from the pharmacy. Transfer between containers is performed only by a pharmacist.
13. Drug containers with direction changes, illegible, incomplete, makeshift, damaged, worn, soiled, or missing labels are returned to the pharmacy for proper disposition and/or re-labeling.
14. No discontinued, outdated, or deteriorated medications or pharmaceuticals are used, dispensed or retained in the Medication Room. These medications/pharmaceuticals must be returned to the pharmacy.
15. Medications and pharmaceuticals for external use are kept separate from medications/pharmaceuticals intended for internal use.
16. No food items, other than those specifically used to aid in the administration of medications will be stored in the Medication Room refrigerator/freezer.
17. The temperature of the Medication Room refrigerator will be monitored and documented daily or twice daily if vaccines are present.
18. Antiseptics, disinfectants, and germicides used in patient care will be issued in containers that have legible, distinctive labels that identify the contents and include instructions for use. These items are to be stored in an area separate from other medication storage areas.

VI. REFERENCES: NS-05, MS-03, PH-11, Nursing Procedure Manual.

VII. COLLABORATED WITH: Medical Staff, Pharmacy Services.

VIII. RESCISSIONS: #NS-02, Medication Administration and Safe Handling, Principles of dated February 17, 2017; #NS-02, Medication Administration and Safe Handling, Principles of dated June 5, 2014; #NS-02, Medication Administration and Safe Handling, Principles of dated May 12, 2011; # NS-02, *Medication Administration and Safe Handling, Principles of* dated March 2, 2010; # NS-02, *Medication Administration and Safe Handling, Principles of* dated December 18, 2009; # NS-02, *Medication Administration and Safe Handling, Principles of* dated June 6, 2008; # NS-02, *Medication Administration and Safe Handling, Principles of* dated May 9, 2008; # NS-02, *Medication Administration and Safe Handling, Principles of* dated December 18, 2002; # NS-02, *Medication Administration and Safe Handling, Principles of* dated March 15, 2002; # NS-02 *Medication Administration & Safe Handling, Principles of* dated February 14, 2000

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- IX. DISTRIBUTION:** All hospital policy manuals
- X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.
- XI. FOLLOW-UP RESPONSIBILITY:** Director of Nursing
- XII. ATTACHMENTS:** None

_____/____/____
Jay Pottenger Date
Hospital Administrator

_____/____/____
Thomas Gray, MD Date
Medical Director

_____/____/____
Dave Olson, R.N. Date
Director of Nursing